

**Please use Student's LEGAL Name (FROM BIRTH CERTIFICATE)**

Last Name	First Name	Middle Name	Gender	Birthdate	Grade
Mailing Address	City, State	Zip Code	Primary Phone		
Street Address	City, State	Zip Code	<b>**LEGAL ALERT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please see <b>**Legal Alert</b> below for details.		
Last School Attended	City, State	Zip Code			

**Parent/Guardian Information**

Legal Parent/Guardian Name	Relationship	Birthdate	Primary Phone	Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Employer	Email	
Mailing Address	City, State	Zip Code	Preferred Method of Contact?	
Legal Parent/Guardian Name	Relationship	Birthdate	Primary Phone	Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Employer	Email	
Mailing Address	City, State	Zip Code	Preferred Method of Contact?	

**Persons other than parent/guardian whom your child may be released to (i.e. step parent, daycare provider, foster agency etc.):**

**Other Children in Family? If yes, list below.**

Name	Relationship	Phone	Name	Relationship	Birthdate

**\*\*LEGAL ALERT: Are there any court proceedings pertaining to your child (i.e. restraining order, custody order, name change, etc.)? If yes please indicate what type and provide a copy of court documents.** \_\_\_\_\_

**MILITARY SERVICE:** Is either parent/guardian on active duty in the US Armed Forces, OR on full-time National Guard Duty?  
 Yes  No If YES, indicate which branch: \_\_\_\_\_

**PARENT EDUCATION LEVEL:** Check the response that describes the highest education level of parent/guardians:  
 Not a high school graduate (14)     High School Graduate/GED (13)     Some College (includes AA Degree)(12)  
 College Graduate (11)     Graduate Degree or Higher (10)     Decline to state/unknown

**RESIDENCE:** Where is your child/family currently living? (Federally mandated to collect.) Please select any that apply.  
 In a single family permanent residence (house, apartment, condo, mobile home) (13)  
 Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons) (11)  
 In a Motel/Hotel (09)     In a sheltered or transitional housing program (10)  
 Unsheltered (car/campsite) (12)     In a Group Home     Other (14)

**HAS YOUR CHILD EVER BEEN TESTED BY A SCHOOL PSYCHOLOGIST?**  Yes  No  
 If yes, Date: \_\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_ City/State: \_\_\_\_\_

**IS THERE AN IEP, PSYCHOLOGICAL, OR CONFIDENTIAL REPORT AVAILABLE FROM YOUR CHILD'S FORMER SCHOOL?**  
 Yes  No

**DOES YOUR CHILD CURRENTLY RECEIVE ANY SPECIAL SERVICES? CHECK ALL THAT APPLY**  
 Resource (RSP)     Special Day Class (SDC)     Speech/Language     504 Accommodation Plan  
 Individualized Education Program (IEP)     Behavior Plan     Gifted (GATE)  
 Counseling     Community Day School/Alternative Ed.     Indian Education     English Language Development

Gateway Unified School District- Pupil Registration

**ADDITIONAL INFORMATION**

- Has your child ever been retained?  Yes  No  
 Is your child currently on probation?  Yes  No  
 Has your child ever been suspended?  Yes  No  
 Has your child ever been expelled?  Yes  No

Grade Retained: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Year? \_\_\_\_\_  
 School, Address, State: \_\_\_\_\_

**ETHNICITY:** Mark the ethnicity with which the student most closely identifies: Please check one:

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural Origin, regardless of race)  
 Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE** (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)<br>(Person having origins in any of the original peoples of North and South America including Central America) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Tahitian (304)  |
| <input type="checkbox"/> Chinese (201)  | <input type="checkbox"/> Laotian (206)      | <input type="checkbox"/> Other Pacific Islander (399)  |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Cambodian (207)    | <input type="checkbox"/> Filipino (400)  |
| <input type="checkbox"/> Korean (203)   | <input type="checkbox"/> Hmong (208)        | <input type="checkbox"/> Black or African American (600)   |
| <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Other Asian (299)  | <input type="checkbox"/> White (700)<br>(Person having origins in any of the original peoples of Europe, the Middle East, or North Africa) |
|   | <input type="checkbox"/> Hawaiian (301)     |  |
|   | <input type="checkbox"/> Guamanian (302)    |  |
|   | <input type="checkbox"/> Samoan (303)       |  |

**HOME LANGUAGE SURVEY**

Language spoken in home?  English  Other

- Which language did your son/daughter learn when he/she first began to speak? \_\_\_\_\_
- Which language does your child most frequently speak at home? \_\_\_\_\_
- Which language do you most frequently use to speak to your son/daughter? \_\_\_\_\_
- Which language most often spoken by the adults in your home? \_\_\_\_\_
- What month/day/year did your child enroll in a public school? Month/Day/Year: \_\_\_\_\_

If a language other than English is indicated on any line above, does your child:

- Understand this language?  Yes  No      Speak this language?  Yes  No  
 Read this language?  Yes  No      Write this language?  Yes  No

**HEALTH**

- Does your child wear glasses?  Yes  No  
 Does your child have hearing problems?  Yes  No  
 Does your child take medicine regularly?  Yes  No  
 Medication Allergy?  Yes  No List medication(s) allergic to: \_\_\_\_\_  
 Any other serious health problems? (i.e., Allergy, Bee Sting, Seizure, Asthma, Diabetic, Other)  Yes  No  
 Details: \_\_\_\_\_

**MEDICAL RELEASE**

In the event of an emergency, you have my permission to attempt to obtain treatment from:

Dr. \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**It is understood that the named physician may refuse to provide emergency treatment without additional authorization from the parent/guardian.**

Immunizations: Under California's Kindergarten immunization requirements (California School Immunization Law, Health & Safety Code Sections 12035-120375; California Code of Regulations Title 17, Division 1, chapter 4), even four-year old children need their pre-kindergarten immunizations *prior* to the first day of transitional kindergarten. The federal ACIP, AAP, and AAFP recommend pre-kindergarten immunizations starting at four years of age. **All students entering, advancing, or transferring into 7<sup>th</sup> grade need proof of an adolescent whooping cough booster immunization (called "Tdap") AB354.**

- Are you able to provide proof of your student's immunizations?  Yes  No  
 Has your 7<sup>th</sup> or 8<sup>th</sup> grade student received their Tdap booster immunization?  Yes  No

SIGNATURE OF PARENT/GUARDIAN

DATE

**For Office Use Only**

Enrollment Date: \_\_\_\_\_ Teacher/Counselor: \_\_\_\_\_  
 Age Verification: \_\_\_\_\_ Cum Requested: \_\_\_\_\_ Faxed/Mailed: \_\_\_\_\_ Lunch App Received:  YES  NO  
 INTRADISTRICT  YES  NO School: \_\_\_\_\_ INTERDISTRICT  YES  NO District/School: \_\_\_\_\_